TS:cm

400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 - Telephone (516) 742-4366 - Facsimile E:mail: <a href="mailto:intprop@ssmp.com">intprop@ssmp.com</a>

## SCULLY, SCOTT, MURPHY & PRESSER, P.C.



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# 1/ 12

To:	Examir Art Unit	ner Michael G. Mendoza : 3731	From:	Thomas Spinelli, Esq. Registration No.: 39,533				
Fax:	571-27	3-8300	Pages:					
Phone	571-27	2-4698	Date:	June 8, 2006				
Re;		10/072,721 cket: 15252	CC:					
□ Urg	jent 🗆 F	or Review 🛚 Please C	omment 🗆 Plea	ase Reply 🏻 Please Acknowledge				
2006	The follow	wing is being filed with the	e U.S. Patent and	Trademark Office via facsimile on June 8,				
	2. / 3. /	Amendment Under 37 C.F.R. § 1.114 W/Transmittal in Dupl.  Authorization to Charge Deposit Account 19-1013 for \$790.00 (filing fee) and \$120.00 (1-month EOT)						
	Applicant Serial No For: Filed: Docket: Dated:							

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CERTIFICATE OF Applicant(s): Kiyotaka M	Docket No. 15252								
Application No. 10/072,721	Group Art Unit 3731								
Invention: CLIPPING I Confirmation No.: 1963	DEVICE			PEGEIVED CENTRAL FAX CENTER JUN 0 8 2006					
			-	JUN 0 8 2006					
I hereby certify that this is being facsimile transm	I hereby certify that this								
on June 8, 2									
	oinelli son Signi	ng)Cortificate)							
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kiyotaka Matsuno, et al.						Docket No. 15252		
Application No. Filing Date Examiner 10/072,721 February 6, 2002 Michael G. Me			za	Customer I	Vo.	Group Art Unit 3731	Confirmation No.	
Invention: CLIPPING DEVICE								
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.								
The fee has been	calculated and is trans	mitted as shown below	•					
		CLAIMS AS AM	ENDED					
	CLAIMS REMAINING	HIGHEST #	NUMBE	ER EXTRA		DATE	ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE	
TOTAL CLAIMS	7 -	20 =		0	x	\$50.00	\$0.00	
INDEP. CLAIMS	1 -	7 =	<u> </u>	0	x	\$200.00	\$0.00	
Multiple Dependent Claims (check if applicable)								
		TOTAL ADDITIONAL I	FEE FO	R THIS AMI	END	MENT	\$0.00	
No additional fee is required for amendment.  Please charge Deposit Account No. In the amount of  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP  Any additional filing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: June 8, 2006								
Thomas Spinelli Registration No.: 39,533  Scully, Scott, Murphy & Presser, P.C.  400 Garden City Plaza, Suite 300  Garden City, NY 11530  (516) 742-4343    I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as it class mail in an envelope addressed to "Commissioner for Pater P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)    Signature of Person Mailing Correspondence								
cc:	Typed or Printed Name of Person Mailing Correspondence							

AMENDI Applicant(s): Kiy	arge En	Entity)			Docket No. 15252			
Application No. 10/072,721			za	Customer	No.	Group Art Unit	Confirmation No. 1963	
Invention: CLIPPING DEVICE								
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.								
The fee has been calculated and is transmitted as shown below.								
		CLAIMS AS AM	ENDED	)			· · · · · · · · · · · · · · · · · · ·	
	CLAIMS REMAINING	HIGHEST #	NUMBE	ER EXTRA		DATE	ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE	
TOTAL CLAIMS	7 -	20 =		0	x \$50.00		\$0.00	
INDEP. CLAIMS	1 -	7 =	= 0		X	\$200.00	\$0.00	
Multiple Dependent	Claims (check if appl	icable)	\$0.00					
		TOTAL ADDITIONAL I	FEE FO	R THIS AM	END	MENT	\$0.00	
No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP  Any additional filing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
Thomas Spinelli	Dated: June 8, 2006							
Registration No.: 39,533  Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza, Suite 300  Garden City, NY 11530 (516) 742-4343				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450" [37 CFP 1.8(a)] on (Date)				
cc:		Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence						
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